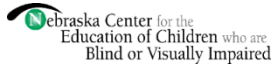


Federal Quota Registration Form for Children who are Blind, Legally Blind, or Partially Sighted
School Year: _____



Nebraska Instructional Resource Center (NIRC)/NCECBVI, www.ncecbvi.org
824 10th Ave.; P.O. Box 129, Nebraska City, 68410, PHONE: 402-873-5513 or 800-426-4355, FAX: 402-873-3463

Last Name: _____ First Name: _____ Male or Female: _____

Date of Birth: _____ Has Written Education Plan: Yes No Deaf/Blind: Yes No

School District: _____ Attends Public School Attends Private School (select one)

ESU #: _____ Teacher of the Visually Impaired: _____ Today's Date: _____

_____ **Student is *Blind or Legally Blind (on an IEP)*:**

_____ MDB (Meets the Definition of Blindness per APH)

Central visual acuity of 20/200 or less in the better eye with correcting glasses or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees (www.aph.org)

_____ FDB (Functions at the Definition of Blindness per APH)

Visual performance reduced by brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or neurologist (www.aph.org)

_____ **Student is *Partially Sighted (on an IEP)***

_____ **Student is on a 504 (not on an IEP):**

_____ MDB (Meets the Definition of Blindness per APH)

Central visual acuity of 20/200 or less in the better eye with correcting glasses or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees (www.aph.org)

_____ FDB (Functions at the Definition of Blindness per APH)

Visual performance reduced by brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or neurologist (www.aph.org)

_____ Partially Sighted

Eye Report is on file at the local school district: _____ Immutable Yes No

Parent/Guardian Signature for Federal Quota Census is on file at local school district: _____ Yes No

Instructional Language of Learner (select one):

_____ English _____ Spanish _____ Other: _____

Grade Level (check one):

_____ IP-Infant _____ KG--Kindergarten _____ Grades 1-12, *please specify:* _____
_____ PS-Preschool _____ Grades 12+

Primary Reading Medium (select one):

_____ V-Visual Reader _____ A-Auditory Reader _____ S-Symbolic Reader
_____ B-Braille Reader _____ PRE-Pre-Reader

Secondary Reading Medium (optional):

_____ V-Visual Reader _____ B-Braille Reader _____ A-Auditory Reader

What is the student's **PRIMARY** visual condition? Please list only one.

(This is for NCECBVI data collection purposes only.) _____

Signature of Teacher of the Visually Impaired: _____